



Application for Alcohol Beverage Operator's (Bartender's) License

Instructions: This form is to be completed by an individual applying for a license to serve or sell alcohol in the City of Beloit under the General Code of Ordinances for the City of Beloit and Wisconsin Statutes.

IMPORTANT INFORMATION

- Applicants must provide a certificate of completion from a Responsible Beverage Server Course taken within the last 2 years or an operator's license within the last two years from another Wisconsin municipality. Approved course information can be found online at <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>
- An Operator's license is a privilege, not a right. **False answers on this application or omissions may result in the denial of your application.**
- This application must be **completed legibly, accurately and completely.**
- If you have any doubt as to whether to include facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Clerk's office for clarification.
- Your application will not be processed until you address any unpaid debts owed to the City of Beloit and/or outstanding warrants.

SECTION 1. LICENSE INFORMATION

Choose One		If you are applying for a New License or a Special Event/Temporary License, have you completed the Responsible Beverage Server Training Course within the last two years?	
<input type="checkbox"/> New/Renewal		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Special Event/Temporary		If 'yes', provide a copy of the certificate of completion of the course with this application	
Have you held an operator's license in the past two years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If 'Yes', where: _____	
Have you ever had an Operator of any type of alcohol license suspended, revoked, or denied?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If 'Yes', where: _____	
If 'yes', please provide an explanation about the suspension, revocation or denial. Attach additional sheets of paper, if necessary			
How long have you continuously lived in Wisconsin prior to the date of this application? _____			
Have you read the reverse side of this application which outlines reasons why an application may be denied? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 2. APPLICANT INFORMATION (Applicant must be 18 years of age or older to apply)

Applicant Name (First Name, Middle Name, Last Name)				Have you ever used any other name(s) or alias(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Name(s) or Alias(es) (First Name, Middle Name, Last Name)				Phone Number	
Social Security Number	Date of Birth	Place of Birth	Race	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Driver's License Number/State ID number		State of Issuance	Email Address		
Current Address (also provide mailing address if different from current address)		City	State	Zip Code	
Previous Address		City	State	Zip Code	
Name and Address of Employer where licensed will be used (if not currently employed, mark "N/A")					

SECTION 3. ARREST AND CONVICTION RECORD INFORMATION

This application asks questions regarding past convictions under federal, state and/or local laws, either as an adult or juvenile. THESE QUESTIONS MUST BE ANSWERED TRUTHFULLY, SO PLEASE READ CAREFULLY. The City performs background checks on all applicants. If you do not give accurate information on this application, or if you give false statements or omissions on the application, it may result in the DENIAL of this application.

Criminal Record Information

Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor (include criminal traffic offenses)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
As a juvenile, have you ever been waived into adult court and convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered 'yes' to either question above, please complete all of the information below: (attach additional sheets of paper if needed)				
	Date of Conviction	Location (City/County/State)	Description of Criminal Offense	Felony or Misdemeanor
1				
2				
3				
At the time of any incident listed above, were you under the influence of alcohol and/or other drugs at the time of the offense? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, which numbered incident above? _____				
For any incident listed above, did the incident occur in or around an establishment that serves alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, which numbered incident above? _____				

Ordinance Violation/Civil Forfeiture/Ticket Information					
In the last 5 years, have you ever been convicted of violating an ordinance (citation or ticket) or other law of the United States, State, County, City, Village or Town? (Exclude parking violations) <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)					
	Date of Conviction	Location (City/County/State)	Description of Violation	Penalty Imposed	
1					
2					
3					
At the time of any incident listed above, were you under the influence of alcohol and/or other drugs at the time of the offense? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, which numbered incident above? _____					
For any incident listed above, did the incident occur in or around an establishment that serves alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, which numbered incident above? _____					
Pending Charge(s) Information					
Are there any charges (criminal or ordinance violations) pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)					
	Date of Violation	Location (City/County/State)	Description of Violation	Next Court Date	Status
1					
2					
At the time of any incident listed above, were you under the influence of alcohol and/or other drugs at the time of the offense? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, which numbered incident above? _____					
For any incident listed above, did the incident occur in or around an establishment that serves alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, which numbered incident above? _____					
Section 4. Parameters for Review of an Operator's (Bartender's) License					
The City will review the applicant's record for the most recent five (5) year period <u>unless a pattern of conduct exists</u> . In particular, convictions of the following offenses will be reviewed. Also, if an applicant has one (1) felony conviction, the application will be denied until the applicant has been duly pardoned.					
<ul style="list-style-type: none"> Giving false or incomplete information, misinformation or failure to disclose information on the Application An arrest or conviction of selling/procuring/giving away alcohol to an underage person An arrest or conviction of permitting an underage person on premise Conviction of any substance abuse and/or drug offense Conviction of operating/driving under the influence of any alcohol or controlled substance Conviction of allowing a person to use operator's (bartender's) license Conviction of selling alcohol to an intoxicated person Conviction of selling after closing hours Conviction of selling without an alcohol license Conviction of any part of Chapter 125, Wis. Stats. relating to alcohol beverages An arrest or conviction of a charge related to activities performed while bartending Any habitual law offender where the circumstances of the charge substantially related to the licensing activity 					
Due to the discretionary nature of the alcohol beverage licensing, it is not possible to state every circumstance that may result in approval or denial of an application. To the extent state statutes or ordinances provide additional grounds for denial or non-renewal, the City may rely on such provisions. If an application is denied, the applicant will be provided a letter stating the reasons for the denial of the license. An applicant has the right to appeal the decision by submitting a written request to the City Clerk that states, in detail, the grounds the applicant believes should result in the reversal of the denial. The appeal shall be signed by the applicant. The appeal will be submitted to the City Council for further review.					
Section 5. Certification *** PLEASE READ CAREFULLY BEFORE SIGNING***					
By signing this application, I hereby swear (or affirm) that the information provided in this application is true and correct to the best of my knowledge and belief. I certify that I am familiar with the laws, ordinances, and regulations pertaining to the sale of alcoholic beverages and I agree to obey all provisions of the law. I understand that giving false or inaccurate information or withholding requested information on this application will result in the denial of this application. Further, by my signature, I am hereby authorizing the City to conduct a background check and I am releasing the City and its elected officials, officers, employees, and agents from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization to request to release information or any attempt to comply with it.					
I understand that if approved, my license will be sent to my employer if my employer was identified in Section 2. I further understand that if my application is denied the fees that I paid are non-refundable.					
Signature of Applicant _____					Date _____
OFFICE USE ONLY					
<input type="checkbox"/> New/Renewal License (2 year license) \$50.00 ; expires _____ <input type="checkbox"/> New License (partial term if filed after 7/1 of 2 nd year) \$35.00 ; expires _____ <input type="checkbox"/> Provisional License \$15.00 ; expires _____ <input type="checkbox"/> Special Event/Temporary License \$7.00 ; Date(s) of Event: _____			<input type="checkbox"/> RBSC completed on _____ <input type="checkbox"/> Sent to PD on _____ <input type="checkbox"/> Photo ID checked <input type="checkbox"/> Rec'd from PD on _____ <input type="checkbox"/> Treas. check sheet completed <input type="checkbox"/> Lic/Ltr sent on _____		
RECOMMENDATIONS/FINAL ACTION					
Police Dept Action Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Chief of Police/Designee Signature: _____ If license is denied, state reason(s) for denial: _____ _____ _____					
City Manager Action Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied City Manager Signature: _____ _____					